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Application Number	10/001,382
Filing Date	Oct. 23, 2001
First Named Inventor	SHERIDAN, Thomas B.
Art Unit	2123
Examiner Name	PHAN THAI Q
Attorney Docket Number	

I hereby revoke all previous powers of attorney given in the above-identified application. A Power of Attorney is submitted herewith. OR 33392 I hereby appoint the practitioners associated with the Customer Number: Please change the correspondence address for the above-identified application to: The address associated with **Customer Number:** 33392 OR Firm or Individual Name **Address** City State Zip Country Telephone Email I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record Signature Name Thomas B. Sheridan Date Telephone 617-244-4181 August 2002 NOTE: Signatures of pill the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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